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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *MLB*

This appln claims benefit of 60/127,936 04/06/1999

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *MLB*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/22/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 2	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>MLB</i>	Initials		

## ADDRESS

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## TITLE

Vacuum assisted closure pad with adaptation for phototherapy

FILING FEE  RECEIVED 820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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